

## CLAIMS ONLY

Application Number

Application Number  
10751132

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
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14		1				
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16		1				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	36					
Total Claims	40					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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99						
100						
Total Indep						
Total Depend						
Total Claims						